

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>	<i>CC</i>		
<b>O.I.P.E. CLASSIFIER</b>	<i>JW</i>	<i>1143</i>	<i>11-20-01</i>
<b>FORMALITY REVIEW</b>	<i>HC</i>	<i>712</i>	<i>11-23-01</i>
<b>RESPONSE FORMALITY REVIEW</b>			<i>03-29-02</i>

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Date
Final	
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Claim	Date
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If more than 150 claims or 10 actions  
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04-04-01  
GJ